STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting B. S. No. 1.

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG 5	1935 1915	Attack of epilepsy	1 week ago
Corebral homorphage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	V. S July 5, 1927	Peritonitis .	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	infor state UPA	1. PLACE OF DEATH	CERTIFICATE OF DEATH 07862
M	/	County Tring Reago	
	9.6	Village or City Sulprale 1/2 - Xa	Registration Dist. No. 242
		(If	No. O St., War death occurred in a hospital or institution, give in NAME instead of street and number)
	ND. Every YSICIANS statement	Length of residence in city or town where death occurredyrsmos	ds. How long In U.S. if of foreign birth?yrsmosd
2)	ICI ICI item	2. FULL NAME Duckener Viol	a cula pos sont P.O.
1		(a) Residence: No. 6 3 20 C (Usual place of place)	St. Startul If nonresident give city or town and State
IV	RE. PH. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
•	K. Ey	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIYORCED (write the word)	21. DATE OF DEATH
5	T'L' ed.	Jemale Megro Single	(Month) (Day) (Yaar)
BINDIN	RMANEN X A C T I classified	5a. If married, widowed, or divorce U HUSBANO of (or) WIFE of	
R	X A X Clas	(4) 1112 (1	1 HEREBY CERTIFY, That I attanded deceased from
BI	hand 6 1	6. DATE OF BIRTH (month, day, and year) July 9, 1935	I ledt sew he alive on July 19 1, 1935; death is sei
FOR	IS A PE stated E properly	7. AGE Years Month Days If LESS than 1 day,	to have occurred on the date strad above, at 06 cc.m.
FC		O Ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
Q	HIS be be of	8. Trade, profession, or perticular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	g & reform
RESERVED		andustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Data dacasasd last worked at this occupation (month and this pocupation	12 The Tarken 7-16-
EB		SAW MILL, BANK, atc	(gastromas)
SE		this occupation (month and year)	
	NFADING oplied. AGI erms, so tha instructions	12. BIRTHPLACE (city or town Selvan Vista	Other Contributory Causes of Importance:
RGIN	AD ed.	(State or country) Suaruland	
AR.	UNF/ supplie n terms ee instr	13. NAME/Buckener James W.	
-	H U sul	2 14. BIRTHPLACE (city or town Warreluton	Neme of operation
	1111	(State of Country) Virginia	What test confirmed diegnosis? Play 1, Exame Was there an autopsy?
	LY, W) be carefu EATH in important.	15. MAIDEN NAME Proctor Cattie	23. If death was due to external causes (VIOLENCE) fill in elso the following:
		o 16. BIRTHPLACE (city or town) a Platta (State or country)	Accident, suicide, or homicide?
	in be	17. INFORMANT Buckened In 110	Whera did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	Should be OF DEA's very imp	(Address) by war his He & Seat Please	PRO.
	rE sh E O E O is v	18. BURIAL, CREMATION, OR BEMOVAL	Wannar of injury
	WRITE mation s CAUSE TION is	Placa // Dever Data // 20 ,19 29	Natura of Injury
0.1	ma CA TIO	19. UNDERTAKER Adams + Syngolia Ag	24. Was disaasa or injury in any way related to occupation of daceasad?
S.	m (T)	(Addiass) 2425 Nichola We Pr	If so, specify
λ.	z	20. FILEO July 1935 Jahre & Weak Registrar.	(Signad) Theodore The M. D. (Address) 812-44 Sth. C. D. J.
			1411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example E V E D		Example II	Dampies
The principal cause of death and related causes of importance were as follows Aug. 8 1955 Arteriosclerosis Chronic interstitial nephratis BIRFAU V. S. Cerebral hemorrhage	1915 1921 1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	Date of onset 1 week ago 1 week ago 3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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DEATH

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3. SEX 5a. If married, widowed, or divorced 6. DATE OF BIRTH (month, day, end year) 7. AGE NO CCUPAT 12. BIRTHPLACE (city or town) FATHER MOTHER 17. INFORMANT 18. BURIAL CREMATION, OR REMOVAL 19. UNDERTAKER docal (Address) _____ Registrar.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrals AUG 6 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	12432,1000		1 year

1 PLACE OF PEATURE	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	nea thusbolle 145
County Proceedings	Registration Dist. No.
Village or City War N Julisville	(If death occurred in a horpital or institution, give its AME instead of street and number)
Length of residence in city or town where death occurredyrs	mosyrsmos
2. FULL NAME Wallie & Cla	gett ,
(a) Residence: No. Parthurbures	- St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	
maner	(Yonth) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of Or Drullie - Clayett -	22. I HEREBY CERTIFY, That I attended deceased f
6. DATE OF BIRTH (month, day, and year) Dey 8-18	1 last saw h san alive on July 16 , 19 35, daath is
7. AGE Yaars Months Days If LESS tha	
1860 74 7 8 or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, Tancer -	apopleyy. 1/14
- SAWIER, DOURNEEPER, SIG.	Since Cementer?
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc	Mego carpeter acute
U 10. Date daceasad last worked at II. Total time (years)	2 Mego Carality Course
2-1-	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	
13. NAME Land Clasett	, , , , , , , , , , , , , , , , , , , ,
	Name of operation
X 14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME Wang threft	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Way Thirt	Accident, suicida, or homicida? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Willie Chaquett (Address) Ga Thursbury	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR ASSOCIATIONAL	Manner of Injury
Place Jacking buf Data July 8,19	Nature of Injury
19. UNDERTAKER GARDINGS GARDIN	24. Was diseasa or injury in any way related to occupation of deceasad?
20. FILED July . ! T', 1935 Mrs. Jas deve	(Signed) Wailing Measer
A Registra	(Addrass) Reservale Hell

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Date of onset
1 week ago
1 week ago
3 days ago
1 year

V. S. No. 1 N. B.—I

	STATE OF MARYLAND	CERTIFICATE OF DEATH	804
1.	PLACE OF DEATH	93-0	11
	County Prince Clorges	Registration Dist. No. 2	40
	Village or City Brestewood (If	No. ledan Croff and asstantiation death occurred in a horpital or institution, give its NAME instead of street and	Ward number)
	Length of residence In city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsm	osds.
2.	FULL NAME Bessie B. Loothet	If U.S. Veteran specify WAR	
	(a) Residence: No. 142 - B Start Wash (Usual place of abode)	Ward. Ward. If nonresident give city or town and	State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Monthly (Day)	, 193 - 1 (Year)
H	married, widowed, or divorced IUSBAND of Cooffee Or Wife of Cooffee A Cooffee	22. HEREBY CERTIFY, That I attended FILL 24 1934 to What Z.G.	deceased from
6. DA	TE OF BIRTH (month, day, end yeer) ker 6- 1861	I last sew had alive on July 128 , 1935	.; death is said
7. AGE		to have occurred on the date stated above, at 8.45 G.m.	
	73 8 6 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Date of onset
Z	8. Trade, Mofession, or perticular kind of work done, as SPINNER,		
음	SAWYER, BODKKEEPER, etc.	(A)	
JPA	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	Misome Myocardilis	?
OCCUPATION	D. Date deceesed last worked at this occupetion (month and spant in this	6	-
	year) occupation	Dther Coutributory Causes of importance:	*
12. Bi	RTHPLACE (city or town)	D A	
	(State or country)	Allquilites	
FATHER	3. NAME Sweeth in Michael	artenoscherosco	7
¥ 1	4. BIRTHPLACE (city or town)	Name of operation Date of	
	(State or country)	What test confirmed diagnosis? Was there an	autopsy?. Z
발 그	5. MAIDEN NAME Way Kan Kun VIII	23. If death wes due to external couses (VIOLENCE) fill in also the following	g:
MOTHER	6. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury	, 19
	FDRMANT Amlas V. Michelles (Address)	Where did injury occur?	
18. Bt	Plece War Date 1930	Manner of injury	
19. UI	(Addiess) /6 23. who has the	24. Wes disease or injury in eny way related to occupation of deceased?	Ha
20. F1	LED 1729 19.30 La hally M.B. Registrar.	(Signed) Liebard D. Histadean (Address) 2012 - R. St. 41 W. Mar	ele, A.C

CEDTICICATE OF DEATH

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Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	Aug 5 193	July 5, 1927	Peritonitis	3 days ago
	BUREAU Y.	5. 16		
Other contributory causes	of importance:	Proposition of the Control of the Co	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

certificate.

See instructions on back

TION is very important.

OCCUPATION

FATHER

MOTHER

(Address)

19. UNDERTAKER (Address)

18. BURIAL, CREMATION, OR REMOVAL

,	state UPA-	STATE OF MARYLAND—C	ERTIF
	item of should of OCC	VI	No
	O. Every SICIANS atement	2. FULL NAME John Joseph Curren (a) Residence: No. Daniels Park Maryland	If U.S

ICATE O	F DEATH	07865
210-m	Registration Dist. No	. 230

	201
Registrati	ion Dist. No. 230
No.	St., Ward
eath occurred in a hospital or institution, give its NA	AME instead of street and number)
ds. How long In U.S. if of foreign birth?	yrsds.
VANUA VILLE IN THE PROPERTY OF	0.74
If U.S. Veteran specify WAR	**************************************
St., Ward.	
Wash At If nonresid	dent give city or town and State
MEDICAL CERTIFICA	TE OF DEATH
21. DATE OF DEATH	
July	19 1935
(Month)	(Day) (Year)
2. I HEREBY CERT	IFY, That I attended deceased from
	, 19
I last saw h alive on	, 19; death Is said
to have occurred on the date stated above, at	
The PRINCIPAL CAUSE OF DEATH and related were as follows:	
	Date of onset
Broken Heef	,
UNION WILLIAM	
Other Contributory Causes of Importance:	
Name of operation	Date of
What test confirmed diagnosis?	Was there an autopsy?
23. If death was due to external causes (VIQL ENC	In also the following:
Accident, suicide, or homicide Ciccians	
V 1 (1 1)	7.13
	ty or town, county and State)
Specify whether injury accurred in INDUSTRY, I	n HOME, or In PUBLIC PLACE.
Parling Mr.	grand.
Manner of Injury Land 9 med	recolor
Nature of injury Broken 91	och'
	M
24. Was disease or injury in any way related to 6	ccupation of deceased?
If an anarity Toward S. Uhalle	11 1 1/18 aline as love

(Usual place of abode) Berwyn PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) white 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of R# srgerie Elizabeth 6. DATE OF BIRTH (month, day, and year) December 7. AGE Years Months Days Thars Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.___ 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 1D. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation __ 30 12. BIRTHPLACE (city or town) __ = 11-(State or country) surpriver 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIOEN NAME

16. BIRTHPLACE (city or town) (State or country)

Curren

If LESS than

1 day, ... -- hrs.

(Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

or____min.

-WRITE

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Cerebral hemorrhage AUG 5	July 5,1927	Peritonitis	3 days ago
BUREAU	Ve		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(13)
County Prince George	Registration Dist. No. 245
Village or City Brentwood mad	No. 3973 - 345 St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sarah Q Woherty	
	a Rill
(a) Residence: No. 3973 - 3499 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Temale While morried	(Month) (Day) (Year)
5a. If married, widowed, or diverced HUSBAND of	22. A) HEREBY CERTIFY, Thury I attended deceased from
(or) WIFE of Charles Woherly	9484 16 1935 to 944 50 1955
6. DATE OF BIRTH (month, day, and year) Tellerown 1867	Last saw h. Lk alive on July 30 , 19 3 5; death is said
7. ACE Years Months Days If LESS than	to have occurred on the date stated above, at 9.50 fm.
about 68 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
8. Trade, profession, or particular kind of work done as SPINNER	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	acul pluation 4
work was done, as SILK MILL, SAW MILL, BANK, etc.	Alart
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this year)	
0/13/11/4	Other Coutributory Cause of Importance:
12. BIRTHPLACE (city or town) (State or country)	caraco-vena
13. NAME NI LEDRA SHOW	Tarelle 54h
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Canada	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Mary Brogan	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Canacle	Where did injury occur?
17. INFORMANT MWW J. Z. Lagette (Address) Bry trooped m	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Davanna Ja: Date July 21/, 1968	Nature of injury
19. UNDERTAKER 7. Sasehs Sous	24. Wes disease or injury In any way related to occupation of deceased?
O. A sell both	(Signed) W 15. Marlon M.D.
20. FILED 1114 21 1635 Mrs. Tas. Dever	(Address) MIRAMALA ULLA
If more blanks de needed, addrass State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as Arteriosclerosis	death and related causes of lows:		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephra		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 10 1935	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory cau	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

shodld state

OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(181)
Village or City Branchistele red	No. Mother Jones. Home St Ward
Length of rasidenca in city or town where death occurredyrs. 3/2 mos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME James F. Edwards	, , , , , , , , , , , , , , , , , , ,
	J of Word
(a) Residence: No. 5402 Elgamoon Lang Part	heaSt, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If marriad, widowed, sedivorced Color or RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
HUSBAND of Jella L. Cawaras	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 30, 1859	i last saw hour aliva on July 2 , 19 3 5; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to heve occurred on the date stated above, at
Trade, profession, or particular kind of work done, as SPINNER, Returned Read Contact	Chronic Mujo caraits: Date of onest
SAWTER, BUUNNEEPER, etc.	Chronic/ Weghritis cus
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	apoplety 6/15/35
10. Date deceased last worked at this occupation (month and year) occupation	7-2-35
12. BIRTHPLACE (city or town) Consult Ox (State or country) Covalls Orsaon	Othar Contributory Causes of Importanca:
E 13. NAME ames 6 Lawred.	
Ε //	Name of a subject to
14. BIRTHPLACE (city or towa) ————————————————————————————————————	What test confirmed diagnosis? Clease fuction Was there an au'opsy?
IS. MAIDEN NAME Thank Inger to	23. If daath was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homlcide? Date of injury 19
(Stete or country)	Where did injury occur?
17. INFORMANT James Mr. Savarde (Address) 540 2 Samoos James Rotherda Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Date Date 1935	Nature of Injury
19. UNDERTAKER (Address) Signer Spring	24. Was disaesa or injury in any way related to occupation of deceased?
20. FILED LOLY 7, 19 35 The Evilley for	(Signed) Martin Reace M. D. (Address) Renewable Med.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

B.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis .	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebrol hemorrhage,	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gollstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

-=		0	
. BWRITE PLAKLY, WITH UNFADING INK-THIS IS A PERMANENT RE RD. Every in	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement o	
r RE	Y. PH	Exact	
RMANEN	XACTL	classified.	
IS A PE	stated E	properly	ertificate.
HIS	pe	be	of c
T	plno	may	back
INK	sh	t it	on
NG	AGE	that	ions
ADI	.pq	s, so	ruct
UNE	pplie	term	inst
TH	ly su	lain	See
WI	eful	in p	ant.
LY,	car	TH	port
	l be	DEA	im
PL.	onlo)F I	very
TE	n sł	SE (is
-WR	matio	CAU	TION
. B.		1	1

1. PLACE OF DEATH	lerges	62)	EATH 07868
210 1	ule - Bome Mistrie	Registra	ation Dist. No. 243
Village or City Length of residence in city or town where	(I	No. f death occurred in a horpital or institution, give its N sds. How long in U.S. if of foreign birth	
2. FULL NAME Franci	, Robert Fle	tehen	
(a) Residence: No.	(Usual place of abode)	St., Ward.	sident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFIC	
3. SEX 4. COLOR OR RACE Mule Colred	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	30 , 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERT	IFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	unknow	I last saw h alive on July	23 , 19 35 ; death is said
7. AGE Years Months	Days If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related were as follows:	
R Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Laborer	Pellagin	Date of onest
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total time (years)		`
this occupation (month and July /	93) spent in this occupation.	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) V such (State or country)		Secondary and	min !
13. NAME Robert) 14. BIRTHPLACE (city or town)	letches	,	
14. BIRTHPLACE (city or town) (State or country)	karn	Name of operation	Date of
15. MAIDEN NAME Man H	a mitchell	What test confirmed diagnosis? 23. If death was due to external causes (VIOLENG	
15. MAIDEN NAME THE STATE OF T	nd:	Accident, suicide, or homicide?	Date of Injury
17. INFORMANT Catal (Address) Farmoum 18. BURIAL, CREMATION, OR REMOVAL	t Height ha	Specify whether injury occurred in INDUSTRY,	In HOME, or in PUBLIC PLACE.
Place Andeniars	Date_ July 3 19 35	Manner of Injury	
19. UNDERTAKER Wesley Wass (Address) 205 3 Floorgia	hington.	24. Was disease or injury In any way related to o	occupation of deceased? 2W
20. FILED celes 3.0., 19.25	to Rencarles my	(Signed) Hany Rot (Address) Bon	in h. M. D.
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S.	. No. z.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deeased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as fe	eath and related causes.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	Mil 9 1965	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUDEAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory cause	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

mation should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

5 IAIL OF MARYLAND—	CERTIFICATE OF DEATH
County Gline Eenge (Mt. Ranier	Registration Dist. No. Z Y
Village or City by and	
	No. 2 St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stellborn Jacob	
(a) Residence: No.35724 - 325- (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (awrite the word)	21. DATE OF DEATH July 18 1935
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
LP. 16 31-	, 19 , 19 , 19 , 19
6. DATE OF BIRTH (month, day, end yeer)	l last saw h; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date steted above, atm.
ormin,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Fillian 642 am
	Kara -
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
O 10. Date decessed last worked at this occupation (month and year)	
GHLd.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or country)	
I 13. NAME (Lelo Janeh	
I Wale	Name of possession
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAME . Mlomatorneline	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:
± / / /	Accident, suicide, or homicide? Date of injury 19
State or country)	Where did injury occur?
17. INFORMANT /tulinia Saulti (Address) Late and the	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Warly Land Date 19	Manner of injury Neture of injury
T 82 0. A.	
19. UNDERTAKER (Address)	24. Wes disease or injury in any way related to occupetion of deceased?
20. FILED 7/18 ,1955 Hay hally by. I	(Signed) M. D. (Address) M. U. W. M. D.
l Registrar.	(AUU1035)

CERTIFICATE OF BEATH

12 PM - 19 63

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG 5 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

re et	+ I	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	B)	1. PLACE OF DEATH	(31), 222
of	200	County Myree Leorges	Registration Dist. No. 200
item of	of (Village or City Soom	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and namber)
S		Length of residence In city of fown where death occurred 45 yrs	
CORD. Every PHYSICIANS	statement	2. FULL NAME Chrabetto Callister.	Garner
D. 3	tate	(a) Residence: No.	St., Ward.
ORD.		(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
AN A	Exact	ASEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	1	Musto Calaria OR DIVORCED (write the word)	(Month) (Day) (Year)
NG	hed.	5a. If married, widowed, or divorced HUSBAND of	
DIN	classified.	(or) WIFE of Waller of Yarner	22. SHEREBY CERTIFY. Thet I ettended deceased from
BINDIN PERMANI E X A C 7		6. DATE OF BIRTH (month, day, end year) May 24 - 1890	I last saw her elive on July / ,19,3 5; deeth is said
<u>_</u>	erly	7. AGE Years Months Days If LESS than	to have occurred on the dete stated above, at 7,30 a.m.
FOR IS A stated	properly certificate	45 / 9 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows: Date of onset
- 10 .	be p	8. Trade, profession, or particular kind of work done, es SPINNER,	
VED TH		SAWYER, BOOKKEEPER, etc.	Chronic Prality Desease
SERV VK—T	may	kind of work done, es SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month and the spent in this second in this country in the second in this second in t	
(1) 1-4	40	11. Total time (yeers) spent in this occupation (month and 1944) spent in this occupation 23	
Z	that ions c	mall.	Other Coatributory Causes of Importence:
RGIN VFADI	erms, so tha instructions	12. BIRTHPLACE (city or town)	
ARGI UNFA supplied	terms,	13. NAME agustus madele	
dns	ره س	13. NAME Austus make e	Name of operation Date of
WITH	13	(Stete or country) Chafs mg	What test confirmed diegnosis? Wes there an eulopsy?
WITH	EATH in primportant.	15. MAIDEN NAME Cullister Stress 16. BIRTHPLACE (city or town)	23. If death was due to externel causes (VIOLENCE) fill in also the following:
car	TH	[State Ar country]	Accident, suicide, or homicide?
PE S	OF DEATH very import	Walter 10 line	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PLATIN	OF D	17. INFORMANT (Address)	Specify missing many country managers and a second managers and a
-	F-7 V.	18. BURIAL, CREMATION OR TEMOVAL	Manner of injury
WRITE	USE	Place / Wing Chung Date July b, 1920	Nature of injury
WRIT mation	CAUSE TION is	19. UNDERTAKER C. Deines	24. Was disease or injury in eny way related to occupation of deceased?
× ·		(Address) (Igusto pa	(Signed) William At. Gibbon M. G.
S Z	1)	20. FILED JULY 1933 SMISSING Registrar.	(Address) Crom md
			2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis A HVBANA	1921	Run over by street car	1 week ago
Cerebral hemorrhage SCSI 9 511V	July 5,1927	Peritonitis	3 days ago
GRAFO			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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N. B.—WRITE PL

STATE OF MARYLAND-CERTIFICATE OF DEATH

13	sty	6	4	1	
0	1	3	8	1	
-	7		-		

1. PLACE OF DEATH	
County Prince Levryes	Registration Dist. No. 243
Village or City Fletcherthen Bowiel.	O. No. St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Charlett anne 7	eles .
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DAVORCED (write the word)	21. DATE OF DEATH 14 193 5 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That ! attended deceased from
	, 19, 19, 19, 19,
6. DATE OF BIRTH (month, day, and year) Than 1, 1935	I last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at m.
2 /4 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ante Lastroenterite 7/12/20
9 Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
O 10. Date deceased last worked at this occupation (month end year)	
12. BIRTHPLACE (city or town) Freedmen's Horf. (State or country) Wash. D. C.	Other Cuntributory Causes of Importance:
13. NAME	
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation
	What test confirmed diagnosis? Was there an au'opsy?
Book	23. If death was due to externel causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) State or country)	Accident, suicide, or homicide?
17. INFORMANT Virginia ? Lether (mg) (Address) Bornel	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL A	Manage of Injury
Place Hadings Cemety Date xuly 15,1935	Manner of injury
That I land appor	Nature of injury
19. UNDERTAKER THE PROPERTY OF THE COLUMN OF	24. Was disease of injury in any wey releted to occupation of deceased?
(Address) (Sowell	If so, specify
20. FILED July 15, 19 3 5 Thom custos for	(Signed) M. D.
Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

1	Example I		Example II	
The principal cause of de of importance were as fol Arteriosclerosis	ath and related causes lows: ECEIVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	8 10.3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	6) 1000	July 5,1927	Peritonitis	3 days ago
	BIDEAU V. S	0		- 1
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(lot-)
County June Georges	Registration Dist. No. 2 3 4
Village or City of wer Wient	NoSt.,Ward
Length of residence in city or town where deeth occurredyrs,	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Margaret & Smarke	21 09 il 600 bio.
	CA Ward
(a) Residence: No. 1 - Wer Welley (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH 193 (Day) (Year)
HUSBAND of (or) WIFE of Thomas a.	22. I HEREBY CERTIFY. That I attended deceased from 1935, to July 170, 1939
6. DATE OF BIRTH (month, day, and year) 12-5-1838.	Hast saw h_les alive on July 170, 1935; death is sale
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above atm.
16 12 1 day,nrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	Terminal Parismon
SAWYER, BOOKKEEPER, etc	arino televis
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occuration (month and	Regulate = (0 t' + + + t
- Inia occupation (month and apent the tina	Brancho passirona la Aristina i not stated.
year) occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)	
	Name of a sealth and a sealth and a sealth a sea
(State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Martina, a. Sawyer:	What test confirmed diagnosis?
15. MAIDEN NAME Martia a. Sawyer 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Aces B. Sillespie (Address) 77.9-15 to st. Will De.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Freedly, Md Date 7 1930	Nature of injury
19. UNDERTAKER Thornas F. Munay Jon (Address) Washington, De J.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 17, 1935 Mrs. alton Davis	(Signed) E. D. Lehrar M. C. (Address) Route 2. Our and Sie de
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related Lauses of importance were as follows: Arteriosclerosis BUREAU V. S.	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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BINDING	PERMANENT RE	EXACTLY. 1
FOR	IS A	stated
ARGIN RESERVED FOR BINDING	WITH UNFADING INK-THIS IS A PERMANENT RECO	refully supplied. AGE should be stated EXACTLY.
	1	refu

N. B.—WRITE PLAINL

WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforstully supplied. AGE should be stated EXACTLY. PHYSICIANS should state in plain terms, so that it may be properly classified. Exact statement of OCCUPA-int. See instructions on back of certificate.	1	. PLACE
should f OCC		County Village
s sl		Length o
CORD, Every PHYSICIANS act statement	•	. FULL
SICI ater	-	(a) Res
ORI HYS t st	-	
REC 7. P Exac	3.5	PERS
Y. E.		Male
RMANENT X A C T L Y. classified.	5a.	If merried, v HUSBAND (or) WIFE
ERM EX. y cla te.	6. 1	DATE OF BII
IS A PI stated I properly		AGE
HIS IS be sta be pro	NOI	8. Trede, i kind SAV
uld nay ack	IPAT	9. Industr
(G INK—THAGE should that it may one on back	OCCUPATION	10. Dete de
G I GE hat	_	this
H UNFADING INK—TI supplied. AGE should in terms, so that it may See instructions on back	12.	BIRTHPLAC (State o
NF oplie erm inst	HER	13, NAME
ITH U	FATHER	14. BIRTHP
WY eful in p	HER	15. MAIDE
LY, car VTH ports	MOTHER	16. BIRTHP
LAIN old be DEA	17.	INFORMANT (Addres
re P short E OF is ve	18.	BURIAL, CRI
-WRITE PLAINLY, W mation should be carefu CAUSE OF DEATH in TION is very important	19.	UNDERTAKE
HOL		44.1

STATE OF MARYLAND—CERTIFICATE OF DEATH

0	pay	2	- 4	ā	
0	6	2	4 0	P.	

1. PLACE C	OF DEATH					
County	Prince Georg	e		Registra	ation Dist. No. 23	6
				NDdeath occurred in a hospital or institution, give its I		Ward
Length of re	sidence in city or town where	death occurred	(It	death occurred in a hospital or institution, give its I	NAME instead of street and	d oumber) mosds.
	ME Stillbo					
(a) Reside	nce: No.	(Usual place	e of abode)	St., Wald.	esident give city or town a	nd State
PERSO	NAL AND STATIST			MEDICAL CERTIFIC	ATE OF DEATH	
3. SEX Male	4. COLOR OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH	ly 12,	, 193.5 (Year)
5a. If merried, wido	wed, or divorced					
(or) WIFE of				22. I HEREBY CERT		
		uly 12, 1	935	I last saw h alive on		
	(month, day, end year) ears Months	Devs	If LESS than	to have occurred on the dete steted ebove, et		; death is said
дов	Months	00,3	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and relete		15m Eron
_ 8. Trede prof	ession, or particuler		ormin.	were as follows:		Date of onset
kind of SAWYE	work done, es SPINNER, R, BOOKKEEPER, etc.			STILLBIRTH	· · · · · · · · · · · · · · · · · · ·	
9. Industry or work w SAW W 10. Dete decea	business in which					
SAW M	as done, as SILK MILL, ILL, BANK, etc					
	sed last worked at supation (month end	sps	time (yeers) ent in this cupation			
				Other Contributory Causes of importence:		
12. BIRTHPLACE (city or town) Mitch	tellville,	. Md .			
		001-				
I	Joseph Gri					-
(State	CE (city or town)MC or country)	l.		Neme of operation		
IS. MAIDEN N	AME Ida Powe	211		23. If deeth wes due to external causes (VIOLE)		
15. MAIDEN N	CE (city or town)MG	1		Accident, suicide, or homicide?		•
Stete	or country)			Where did Injury occur?		
17. INFORMANT				(Specify Specify whether injury occurred in INDUSTRY)	city or town, county and S, in HOME, or in PUBLIC	
(Address)	TION OF BELLEVILLE	1	,		o	
Plate	ITION, OR REMOVAL	Date Vul	112 1831	Manner of injury		
19. UNDERTAKER	Freder 18-	e Se Gret	fun1	24. Wes disease or injury in eny wey related to		
(Address)	mitchel	tees 19	nd	If so, specify		
20, FILE Dely	13 1031	en met He	plas	(Signed) Acut of	hepps ocal	M. D
ZU. FILED	21, 19.9.Y/	L	Registrar.	(Address) Maketus	Tille mix	Justes

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: 1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH	7871
1. PLACE O	F DEATH			(34)	10:1
County	Punce (Leonai:	Cour	Registration Dist. No. 24	5
Village or (city north B	render	ool m	d. No. 209 Banner St.	Ward
Length of res	sidence in city or town where	death assured		death occurred in a hospital or institution, give its NAME instead of street and	number)
1	VO	4	yrs,mos	ds. How long in U. S. If of foreign birth?yrsm	osds.
2. FULL NA	ME DOPC	Was Us	m A		
(a) Resider	nce: No. 109-	(Usual place	of abode)	St., Ward. If nonresident give city or town and	State
PERSON	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	Diane
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI		21. DATE OF DEATH	
5	A.A.	SWORCE	(purite the word)	(Month) (Day)	, 193 (Year)
5a. If married, widov HUSBAND of	ved, or divorced)		
(or) WIFE of				1 HEREBY CERTIFY, That I attended	deceased from
& DATE OF DIDTU	(month, day, and year)	ulu 25.	1935	last saw P. An alive on Challe 27.2 () 19 36	رد. 19. کاری. اور
7. AGE Yes	1	Oays	If LESS than	to have occurred on the date stated above, 2/15:55 Pm.	.; death is said
		3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profe	ssion, or perticular		1 01 IIIII.	were as follows:	Oate of onset
SAWYER	work done, as SPINNER, , BOOKKEEPER, etc			Congenital Ines	
work wa	business in which s done, es SILK MILL, LL, BANK, etc			Deterna numationin (Suchic)	
10. Date decees this occur	ed last worked at apation (month end		t in this		
	Ch at	V . 4	pation	Other Coutributory Causes of Importance:	
12. BIRTHPLACE (ci		Survey	mora,	C(1 T 1 0	
	3 2 2 2 2 2 2 1	black		Hepartus	
Ξ	0.2	1 11:11		Johanna	
(State of	(city or town)(\(\subseteq \mu \) (country)	as land		Name of operation Date of	
E 15. MAIDEN NA	ME CARRAGE	Jelale		What test confirmed diagnosis? Was there an a	
15. MAIOEN NA 16. BIRTHPLACE	Cally or town MA a.a.	llond	more	23. If death was due to external causes (VIOL ENCE) fill in also the following Accident, suicide, or homicide? Date of Injury	
(State or	country)		med.	Where did Injury occur?	, 19
17. INFORMANT	Same	12)	Vario	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	e) ACF
(Address)	Bren	twood	Tud.		100.
18. BURIAL, CREMAT	TION, OR REMOVAL	mal.	7/30/3	Manner of injury	
Place /	al o	7. 000000	115,19	Neture of Injury	
19. UNOERTAKER	7 90	eschi	four,	24. Was disease or Injury In any way related to occupation of deceased?	**
(Address)	Ity all	sortle	-, fred	If so, specify	
20. FILED. July	29,1935 M	no too	Deren	e (Signed) / C. Xark Carons	M. D.
	76.	helpty	Ristrar.	(Address) 311 Julia St. Bunda	way.
,) IJ more	vianes are maded, to	iaress State Kegistrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	Gas

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: EIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
			1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PIOPAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	.,
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

should state

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
FATH		(III)	1	

07835

1. PLACE OF DEATH	
county Vince Levyes	Registration Dist. No. 243
Village or City Bours	No. St. Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsmosds.
/ / .	yrsmosds.
2. FULL NAME Notley Humber	0
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Monthly (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WHEE of	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Thank 10, 1849	I last saw h. aliva on Judy (9, 1935; death is said
7. AGE Yaars Months Days If LESS than 1 day,	to have occurred on the date stated above, at 2 R.m.
86 7 7 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8 Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased worked at this occupation (morth and as the second to th	Landia Collapse Quel 113
9. Industry or business in which work was dona, as SILK MILL,	
SAW MILL, BANK, etc	Partial Sertestine attende: 1193
10. Date deceased last worked at this occupation (month and 9/5) spant in this occupation 30	No signs of concor. Cut &
ov. a pation	Othar Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	I spirities of all lige
	Had been sick some time; heree loss of weight.
13. NAME 14. BIRTHPLACE (city or town) Unhow	No pain Fosal vomiting was fresents
4 14, BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy?
15. MAIDEN NAME Eliza liveeney 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT William Colfeet	Whare did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATION, OR REMOVAL O	/
Place assenses Church Date July 26, 19 3 3	Manner of Injury
Mati Aleland	Nature of Injury
19. UNDERTAKER / LAWYN J MACLIMIA SUND	24. Was disaase or injury in any way related to occupation of decaasad?
(Addrass) Brown Md	If so, specify
20. FILED July 26, 19. 8. 9 Sweath M. Registrar.	(Addrass)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
22.10.100000.0000	1915	Attack of epilepsy	1 week ago
Combinal homographia	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	W 4 4000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(15)
county Truck George	Registration Dist. No. 235
Village or City neutre Charles Heigh	to No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence M city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles T Hello	w.
(a) Residence: No. Greater Capital No.	restle Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH
50 If married wildowed as discord	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND & (or) WIFE of Market Access St. 14. OF	2. I HEREBY CERTLEY, That I attended deceased from
(OF) WIFE OF MISTY C. Hillon	Jame 27, 1935, 10 July , 1936
6. DATE OF BIRTH (month, day, end year) Nov. 13, 1861	I (ast saw h elive on 193 S _ death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated spove, at
73 7 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as allows:
I rade, profession, or particular	Cripobelss. Data of onest
No Sayyer, BOOKKEPER, etc Cerrent tunite	
9. Industry or business in which work was done, as SILK MILL, Goneral Control. SAW MILL, BANK, etc.	
11. Total time (years)	7
this occupation (month end spant in this occupation occupation	
12. BIRTHPLACE (city or towg)	Other Coutributory Causes of importance:
(State or country)	
13. NAME allower Hilton	
13. NAME CLASSICO HILLON 14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diegnosis? Was there an au'opsy?
15. MAIDEN NAMES and anderson	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME (and Condensor) 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
E (State or country)	Where did injury occur?
17. INFORMANT Charles Hellon In -	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) A tay Regular	
18. BURIAL, CREMATION, OR TEMOVAL	Manner of injury
Place Place Date May 3 4, 19 82	Nature of injury
19. UNDERTAKER YOUNG IN Saggill	24. Was disease or injury in any way related to occupation of deceased?
(Address) BLIM S. E. Malogon Hill	If so, specify
20. FILED 7-1- 193V Thos D Suffely	(Signed) M. D.
Registrar.	(Address) To restrain White
If more blanks are needed, address State Registrar	241. Al Charle Charle Paliners B. C. M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5, 1927 Perilonitis Other contributory causes of importance:

V. S. No. 1

N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07877
1. PLACE OF DEATH	<u></u>
County Janes George	Registration Dist. No.
Village or City New Hy attentle	No. Sacred Skart James St., Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?
2. FULL NAME Paul a Hines	
(a) Residence: No. James Heart Home (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Whele S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Whenever Colors Or Divorced (write the word)	21. DATE OF DEATH (Month) (Day) (Yan)
5e. If merriad, widowed, or divorced HUSBAND of (or) WIFE of Was Paul H. Huses	22. I HEREBY CERTIFY, That I attended decesed from
6. DATE OF BIRTH (month, day, and year) Warch 1, 1855	. I last sew h AM stive on Lucish of 192 1935; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated abova etm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	aute Carbai disatalin Oste offonsoy 7/10/36
work was done, as SILK MILL, 4. Duff a gundland SAW MILL, BANK, atc	
12. BIRTHPLACE (city or town) Washington (State or country)	Other Contributory Canese of importance: Livesalized arteus relateration 1976 Diabetes Wellitus 1930
13. NAME Michael House	4,
14. BIRTHPLACE (city or town) Quland (State or country)	Name of operation
15. MAIDEN NAME anna O Laughlini	23. if daath was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cuna O Laughlin 16. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME UNA UNA UNA UNA UNA UNA UNA UN	Accident, suicide, or homicide?
17. INFORMANT Jaul of Junes & Williams W. U.S.	(Specify city or town, county and State) Specify whether Injury occurrad in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CASMATION OR REMOVAL Place Standard or N C Date July 10, 1935	Manner of injury
19. UNDERTAKER Transport Jack Jack Co (Address) 1/13 7 ch \$ t 0. 9 Despuylog 10. C	24. Was disease or injury in any way related to occupation of deceased? If so, spacify
20. FILED for 10 , 19 35 from A ally Mr 20 Registrar.	(Signed) Musicoffallingly M.D. (Address) 2294 M.D. appl 146
If more blanks are needed, address State Registrar.	2411 N Charles Street Baltimore Requesting T S No.

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Example I		Example II	
he principal cause of death and related causes Date of onset The principal cause of death and related causes importance were as follows:		Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ECEIS	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AUG 5 1435	1		
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
	111 49 1,1020	Control and	1 year

V. S. No. 1

STATE (OF MARYLAND-	CERTIFICATE OF D	EATH 07878
1. PLACE OF DEATH		95-2	
County ORINCe	Veo40es	Registra	tion Dist. No.
Village or City Caputo	thats ma		St.,Ward
Length of residence in say or lown where		f death occurred in a hospital or institution, give its N sds. How long In U.S. if of foralgn blrtl	JAME instead of street and number) h?ds.
2. FULL NAME Wast	7. Elizabeta	+ Howard-	
(a) Residence: Np. 243 C	antal () lhe	Ward.	
(a) Residence: ND. 279	(Usual place of abotic)		sident give city or town and State
PERSONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFIC	ATE OF DEATH
Finale White	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	(Day) (Year)
5a. If marriad, widowed, or divorced			
(or) WIFE of Salvino	1 Howard.	22) ILLU HEREBY CERT	IFY. That I ettended decaased from
6. DATE OF BIRTH (month, day, end year)	Febry 7. 1863	1 last saw h. e.M. alive on. J. U.Z.	1925 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, et	2 /s m
72 5	# 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related were as follows:	
8. Treda, profassion, or particular kind of work done, as SPINNER,	0-1.	CRURBHAL H	PMNONPHACTA Date of onset
SAWYER, BDDKKEEPER, etc.	alnome	2 HEMINTE	G-12 40AY
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
kind of work done, as SPINNER, SAWYER, BDDKKEFER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and year).	11. Total time (years) spent in this occupetion		
Was Was	hant a	Other Contributory Causes of Importance:	N-01
12. BIRTHPLACE (city or town) (State or country)	Ne	DIRPACE HIS	TONO-
13. NAME Williams	" Mrc Henner	SCLEWOSIS	/
13. NAME Williams 14. BIRTHPLACE (city or town)	ireshing to 1	Name of operation.	2 Date of
(State or country)	1.00		e Was thara an autops/// 0
15. MAIDEN NAME	ra Hall	23. If death was due to external causes (VIOLEN	
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	reshing to	Accidant, suicide, or homicida?	Date of Injury, 19
∑ (State or country)	1 dec	Where did Injury occur?	
17. INFORMANT Action (Address) 43 Exerting	Spruth an.	Specify whether injury occurred in INDUSTRY,	ity or town, county and State) In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	11/1/1/12	Manner of injury	
Placa Cedar Hill - M	Data 7 My Kylo 33	Natura of injury	
19. UNDERTAKER WW Ch (Addrass) 5/7	SE Washing	24. Was disease or injury in any way ralated to	occupation of deceased?
20. FILED July // , 19 35 - S	nace llvi	(Signad) William W	NE WASHON
If more		2411 N. Charles Street, Baltimore, Requesting U. S	No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	2 Page 2	Example II		
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Chronic interstitial pephritis 6! 2	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—W

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-2
county frince Georges	Registration Dist. No.
Village or City West, Rainer	No. 36// 34 the St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsds.
2. FULL NAME Pardo Jarusso	
(a) Residence: No. 36/1/34 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX MALO 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bertha Laruss	22. I HEREBY CERTIFY, That I attended deceased from July 23, 1931.
6. DATE OF BIRTH (month, day, end yeer) Jan 8 1 1889	I last saw han dead July 23, 1932; death is said
7. AGE Years Months Oeys If LESS than 1 day	to heve occurred on the date steted above, at 2120 Cm.
70 ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows:
Frade, profession, or particular kind of work done, as SPINNER, Barber	aleute Cordine & latation 7-13-30
4 9. Industry or business in which	Carone Myorandetes !
work was dona, as SILK MILL, SAW MILL, BANK, etc.	
Spell (11 (11))	
year) occupetion	Other Coutributory Causes of Importanca:
12. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Max Assour	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?Oate of injury
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Derling Address	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVALTY Place. BLADENS BURG. M.D. Oeie. July 26, 1935	Manner of Injury
19. UNDERTAKER F. GABCH'S SONS (Address) HVATTBYILLE MD	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Cut 24, 1975/kg hally lu. in Registrar.	(Signed) W. P. Mogra M. O. (Address) 3 6 40 34 th St. Mt. Rumin Hed
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. No. L. Worthick

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	Example II			
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis AUG 5 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PLACE	OF	DEAT	Н
ge or City		~	
		AME (

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 23

07880

St.:Ward)	(If death occurred in a hospital or institution, give its NAME its stead of street an
	number.)

Village or City Manueller (No.	St.: Ward) (If death occurred in a hospital or institu
2FULL NAME Outhou Lee Joh	tion the NAME is
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male of Single, MARRIED, Manuel Or DIVORCED (Write the word)	6 DATE OF DEATH July 3 / , 1923 5 (Month) (Day) (Year)
B DATE OF BIRTH Here the second of the sec	I HEREBY CERTIFY, That I attended the deceased from 1922 to July 3 , 1922 of the last faw hammalive on July 3 , 1927 of the last faw hammalive of the la
	nd that death occurred on the date stated above, at 12-51 m. The CAUSE OF DEATH * was as follows:
occupation (a) Trade, profession or particular kind of work (b) General nature of industry	Tulinonary Tuhnculos
business, or establishment in which employed or (employer)	(Duration) yrs. / mos ds.
9 BIRTHPLACE (State or country) and amounted to the father with any otherwise (State or country) and amounted to the father of father (State or country) and amounted to the father of father (State or country) and amounted to the father of father of father of father or country)	Contributory Secondary (Duration) (Duration) (Duration) (Duration) (Duration) (M. D. M. D. M. D. M. C. M. D. M. D. M. C. M. D. M. C. M. D. M. C. M. D. M. C. M. D. M. D. M. D. M. C. M. D. M. C. M. D. M. D. M. D. M. C. M. D.
(State or Country) md	ients or Recent Residents) t place In the State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if	/here was disease contracted, not at place of death?
(Informant) Nelle Johnson (Address) Mitchellville Md	DATE OF BURIAL OR REMOVAL DATE OF BURIAL O UNDERTAKER O UNDERTAKER O UNDERTAKER

If more bianks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(23)

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servani, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from C en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, cspecially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (definite salary), may be entered as Housewife, House of the salary of th household only (not paid Housekeepers who receive-aworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. ployed, as At school, or At home. Care should be tai ," etc., report specifically the occupations of persons en Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation 6) Grocery; ken

1935

4

Statement of Cause of Death—Name, first, the Disc EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

data is essential and must be obtained before the certificate is

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head—homicide; Poisoned by carbuic acid—probably succide. The nature of the injury, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; Struck by railway train— "Traemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Annemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.)

It has certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the taken. inacture of skull, and consequences (e.g., sepsis, ds) may be stated under the head of "contributory." eved by Committee on Nomenclature mmendations on statement of cause of FOR VIOLENT DEATHS state MEANS OF INJULY cough; Chronic etc. The contributory valvular heart disease;

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07881
1. PLACE OF DEATH	- (45 f)
County In. Leonges	Registration Dist. No.
Village or City means thyallamell	2 No. M Deline Ward death occurred in a hospital or justifytion, give its NAME instead of street and number)
Length of residence In city or town where deeth occurredwrsmos.	ds. How long In U.S. it of foreign birth?yrsmosds.
2. FULL NAME Joseph W. Jot	Maken
(a) Residence: No. near Myattanille	st., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
male white Single (whethe word)	Month) 2 (Oay) (Yeer)
5a. If marriad, widowed, or divorcad HUSBANO ot	22. A I HEREBY CERTLEY. That I attended dacaased from
(or) WIFE of	Jan 21 1935 10 July 21 1935
6. DATE OF BIRTH (month, day, and yeer) 155 5 1956	I last say hairs aliva on Sauly 1, 1935; death is said
7. AGE Years Months Days It LESS than	to have occurred on the data stated above, at LL O. F.A.m.
79 8 16 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
Trade profession or particular	Carcinoma o Throat 1-1-30
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Data deceased last worked at 11. Total tima (years)	
10. Data deceased last worked at this occupation (month and yaar) 11. Total tima (yaars) spant in this occupation occupation	
Ma. 10. 10.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	/// 0142
7	
E	Nama of operation Dete of
4. BIRTHPLACE (city or town) (Stete or country)	What test confirmed diegnosis? Was there an eulopsy? M.C.
E 15. MAIOEN NAME Samuna Johnson	23. If deeth was dua to externel causes (VIOLENCE) fill in also the following:
±	Accidant, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Sertrude Tylerela. (Address) 23 Owens ave Houth and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 93 Owens we Hotel his. 18. BURIAL, CREMATION, OR/REMOVAL)	Manner of injury
Place Washington to Date buly 21, 1935	Nature of injury
19. UNDERTAKER W. W. Deal Inc.	24. Was disease or injury in any wey related to occupation of deceased?
(Addiess) 8/6-H-hE	If so, specify
20. FILEO LULY 21, 19 35 Mhs. fas. Parel	(Signed) Augallande M. D. (Address) Hyallande md.
If more blanks are needed, advress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages. however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter. machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Ex	ample I	a delication of the second of	Example II		
The principal cause of dea of importance were as follows:		Date of enset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis		1931	Run over by street ear	1 week ago	
Cerebral hemorrhage	AUG 10 1809	July 5, 1927	Peritonitis	3 days ago	
	BUREAU V.	5.			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

1		STAT	EO	F MAR	YLAND-	CERTIFICA	ATE (OF DEA	TH OF	79.2
1.	PLACE OF	DEATH	01	/	7	(92-0		1) 6	,
	County	JA		w.	0:			Registration	Dist. No.	245
	Village or C	ity Co	tta	ae C	JOY	No. 5 Co	Mag	e Jerr	ace st.	Ward
1	Length of resid	dence in city or toy	y where de	occurred	yrs 5 mos				yrs.	
2.	FULL NAI	ME a	sas	rie I	usa	Tones.				
	(a) Residen	re No 5	CJ	tago	Dorrage	D St Ward	d			
	(a) Nosideni	لي	~U.U	(U ual place	of abode)	Z	u	If nonresident	give city or town a	nd State
	PERSON	AL AND ST	ATISTIC	CAL PARTI	CULARS			RTIFICATE	OF DEATH	
3. SEX	7	4. COLOR OR R	ACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF D	EATH	uly	11	., 1935
5a. If	married, widow	ed, or divorced		0	med		X	(Month)	(Day)	(Year)
	(or) WIFE of	Hein	y E	4. 10	uls	22. Dec. 2	REBY	CERTIF	Y. That I attende	ed deceased from
6. DA	TE OF BIRTH (month, day, and ye	ar) H	Pert. 1"	7,1866	I last saw h_Q.L a	live on	11/1	193.	S; death is said
7. AGE			onths	Days	If LESS than	to have occurred on the	e date stated	above at 121	Am.	
	60	8	-9	24	I day,hrs.	The PRINCIPAL CAUS were as follows:	E OF DEATI	H and related cause	es of importance	Date of enset
NO	8. Trade, profes	sion, or particular rork done, as SPIN	NER	a/ >	10+'			,1,,,,,,	A	Date of ouset
E	SAWYER,	BOOKKEEPER, etc		Amolmy	18 Norman	Myo	corra	itis (home	1930
CCUPA	work was	business in which done, as SILK MI L, BANK, etc	LL,)	Jones		<i>J</i>				
00 10	O. Date decease this occup year)	ed last worked at pation (month and	193	spe	ime (years) ntin this upation 42					
		. 14	SA	in Oh	unte	Other Contributory Can	ases of impor	tanta:		11/120
12. BI	(State or coun		uun	100	natura	Mitral	26	NWS		193
	3. NAME	E. W. 1	Tue 4	retire	Dr.	- () () () () () ()	SYEN			
FATH	4. BIRTHPLACE	(city or town)	1	1.0	Trunty Vor	Name of operation			Date of	
	(State or	country)	mai	assovi	van f	What test confirmed dia	agnosis?		Was there a	n autopsy?
H 15	5. MAIDEN NA	ME The	ase	Kestes	In Fatter	23. If death was due to e	external caus	ses (VIOLENCE) fil	I in also the follow	Ing:
	6. BIRTHPLACE		A.	1	7 //	Accident, suicide, or ho	omicide?		Date of Injury	, 19
Σ	(State or	country)	(te	en wa	wy va.	Where did injury occur	r?		town, county and S	
17. IN	(Address)	Jucy	The	our o	onberes	Specify whether injury	occurred in	INDUSTRY, in HO	ME, or in PUBLIC I	PLACE.
18. BU	1	ION, OR REMOVAL		0 0		Manner of injury				
	Place Gre	eng s	ra	Date July	13183	Nature of injury				
19. UN	NDERTAKER	W. R.	Ese	ddy		24. Was disease or injur	ry in any wa	y related to occupa	ation of deceased?_	nu
	(Address)	Oz	pen	ger I	1/2	If so, specify)	
20, FII	LED ALLA	11 1935	m	so tro	Denes	(Signed)	co	No for	aume	м. р
	1		M	Stephen	Registrar.	(Address)		TIMA	min	pring
	U		If more b	lanks are need,	address State Registrar,	2411 N. Charles Street, Ba	altimore, Req	westing U. S. No.	I.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	111	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephratis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AIG 10 1953	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-Exact statement properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY,

V. S. No. 1

ż

1. PLACE OF DEATH	7/850
County Grace George	Registration Dist. No. 2 13 2
Village or City toursmost pleasells	No. St. Ward **
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Richard Kichwel	2l
(a) Residence: No. 5907 - Mary Pard (Usual place of alphde)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the work) 5. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) HITS of many Kilewell	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Dec 25.1877	, 19 , to, 19
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4130 m.
57 6 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular kind of work done, as SPINNER, Cast, Eugineer SAWYER, BODKKEEPER, etc.	Oate of onset
	Typhord firm. Bush
or was done as SILK MILL, M. & Treadury Lley	
11. Total time (years) this occupation (month and spent in this	
year) - 7 - 2 - 1 9 - 5 - occupation / 18 40	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) / Carutage (State or country)	
13. NAME Pristard Kalwell	m
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ? FLANGERED 16. BIRTHPLACE (city or town) - Transfer Lacel	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Transplace (State or country)	Accident, suicide, or homicide? Date of Injury, 19
74.2.1.18.10.00	Where did injury occur? (Specify city or town, county and State)
17, INFORMANT (Addréss) 107 - Mad. Que	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Date19.3.5	Nature of injury
19. UNDERTAKER HENRY & Vashington	24. Was disease or injury in any way related to occupation of deceased?
20. FILED July 13 , 1934 John & Mass	(Signed) M. D.
Registrar. If more blanks are needed, address State Registrar, 2	(Address)

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

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PLACE OF DEATH	STATE OF MARYLAND
County My. Zeoo	CERTIFICATE OF DEATH
1 1 1	Registration Dist. No. 23 7
Village or City Tollar All (No.	St.: Ward) (If death occurred in a hospital or institution, give Its NAME in stead of street and
2FULL NAME AUGUS MARKET	file falletille number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (28-, 1935- (Math) (Day) (Year)
6 DATE OF BIRTH	17 I HEREDY CERTIFY That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, at
1 dayhrs.	The CAUSE OF DEATH * was as followed Propriet and dely alt see
yrsds. ormin.?	mas former aller of the
(a) Trade, profession or	my let wally bell to me often
particular kind of work	Doste sullenting
business, or establishment in	(Dyration) yrs. mos Rds.
9 BIRTHPLACE (State or country)	Contributory Diagnosis of resternologistion made from fuel Secondary presented. To further information.
LONGON ME COMA	(Durlion)yrsmosds.
FATHER JEM. A. Faliner	(Signed) 19 1928 (Address) Aguassa Ded.
of FATHER Z (State or country) 1. Jusy 6 Well	*State the l'iscase Causing Death, or, in doaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother and A Rawlings	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) / K, See Co Mich	At place in the of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
June of Galerica	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / Villelymico 14 1.V.	Malan Hell Ma July 30. 1033
15 Filed poly 29 1905 Honny B Couled	a. J. Trimes aquallo 14
If more b.anks are needed, addre.a : tate Negistran	, 16 W. Stratoga St., Balto., Lequesting V. S. No. 1.

(Approved by U. S. Census and American Fublic Health Association.)

tired 6 yrs). For persons who have no occupation work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Choler," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to e.ch and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the (b)

Statement of Cause of Death—Name, first, the History Ease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same diserse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopaeumonia ("Pneumonia,"

permanently filed.

sred in detail, it will prevent further correspondence. All the

Framples: Accidental drowning; Struck by railway train carbolic acid-probably suicide. The nature of the injury, American Medical Association.) Recommendations on statement of cause of death (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease If this certificate is looked over thoroughly and all questions as fracture of skull, and consequences (e.g., sepsis, actident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentaken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular etc. The contributory heart disease;

RD. Every item of infor-

V. S. No. 1

See instructions on back of certificate.

TION is very important.

	STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	385
1	L PLACE OF DEATH				
	County June 2	eng	LO	Registration Dist. No. 2	46
	Village or City furth a	und		No.3570- 35- St.,	Ward
				death occurred in a hospital or institution, give its NAME instead of street and	number)
				ds. How long in U.S. if of foreign birth?yrs	nosds.
2	2. FULL NAME Stillbar	n Mastic	ek	If U.S. Veteran specify WAR	*************
	(a) Residence: No. 3510 - 35			ierşt, Ward.	
generative	PERCONAL AND CONTROL	(Usual place		If nonresident give city or town as	d State
	PERSONAL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	
3, 3	SEX 4. COLOR OR RACE W		RIED, WIDOWED, D (write the word)	July	. 193 . 5
_	de Craccode C			(Month) (Day)	(Yeer)
5a.	. If married, widowed, or divorced HUSBAND of			22. I HEREBY CERTIFY, That I attende	d decased from
	(or) WIFE of			Stillhorn ,19, to	
6 1	DATE OF BIRTH (month, day, and year)	ulv 1. 19	935	I last saw h alive on19	
	AGE Years Months	Davs	If LESS than	to have occurred on the date stated above, atm.	,
			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence	
	8. Trada profession, or particular		ormin.	were as follows: Stillborn baby	Date of onset
OCCUPATION	8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	no	one		
AT	9. Industry or business in which				
U.S.	work was done, as SILK MILL, SAW MILL, BANK, atc		ne		
Ö	10. Date deceased last worked at this occupation (month and	11. Total ti	ime (years) nt in this		
_	year)		upation	Dther Coutributory Causes of importance:	
12.	BIRTHPLACE (city or town)	Ranier,		Ding Coasing Coases of majoritance.	
	(State or country)	Mo	i		
띮	13. NAME Stephen J. M.	astick			
FATHER	14. BIRTHPLACE (city or town)A	retrie		Nama of operation Data of	
F/	(Stata or country)			What test confirmed diagnosis? Was there are	
ER	15. MAIDEN NAME Marie Hobs	an		23. If death was due to external causes (VIOLENCE) fill in also the follows	
MOTHER	16. BIRTHPLACE (city or town)	Jamica		Accident, suicide, or homicide?Date of Injury	-
MC	(State or country)	. Le Leavester .	New York	Where did injury occur?	
	INFORMANT Alfred Villone			(Specify city or town, county and Si Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC A	ate)
17.		L.N.E.			0.4
18.	BURIAL, CREMATION, DR REMOVAL	and a		Mangor plury Herbert & Moffed	
	Place Bladensburg	Date	ely 2, 19 3	Nature of injury acture le oroner	P
	74	" d.	0.	24. Was disease or injury in any way related to occupation of decaased?	and our
19.	(Address)	o the	10- A	If so, specify ————————————————————————————————————	
-	1 Deady	40 bur	2000		or.M.G.n

Registrar.

washington, D.C. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 116 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BIRE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

N. B.

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07886
1.	PLACE OF DEATH	B
	County Prince Georges	Registration Dist. No.
	Village or City Int. Rainier	No. 3410 Bunker Hill Rd St, Ward
	Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) Ods. How long in U.S. if of foreign birth? yrs. mos. ds.
2.	FULL NAME Boby By mayer	le
	(a) Residence: No. 3410 Bouler Hill Kg	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
3. SE	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SE	4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Morth) (Oay) (Year)
5a. If	married, widowed, or divorced HUSBANO of	
	(or) WIFE of	22. 1 HEREBY CERTIFY, That I attended deceased from
6. DA	ATE OF BIRTH (month, day, and year) Tules 11 1935	last saw h
7. AG		to have occurred on the date stated above, at
	0 0 1 day, Qhrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
z	8. Trade, profession, or particular	Stillows 4 /2 mouth Oate of onsat
2	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	abortion
NA P	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BAKK, etc	
OCCUPATION	O. Date deceased last worked at this occupation (month and spent in this year)	
12. B	IRTHPLACE (city or town) net Rainin Ened. (State or country)	Other Contributory Causes of importance:
α,	3. NAME IX F Manuele	
Ξ.	1.1.11	
FA	4. BIRTHPLACE (city or town)	Name of operation Oate of
ER I	5. MAIDEN NAME Parline B. Scacel	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
MOTHER	6. BIRTHPLACE (city or town) Secrepiele Such.	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
Σ	(State or country)	Where did Injury occur?
17. IN	(Address) 3 4 10 Bunka Hill Kd	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. B	URIAL, CREMATION, OR REMOVAL	Manner of Injury
	Place	Nature of injury
19. U	NDERTAKER	24. Was disease or injury in any way related to occupation of deceased? The
	(Addjess)	If so, specify
20. FI	LEO July 18, 1830 Hay Nelly MIN Registrar.	(Signed) WPSMay M.D. (Address) 3640 24 th st, mt. Rising Synd.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1950	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

or-	· 1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state	UPA	1. PLACE OF DEATH	97
	000	· County Priver years	Registration Dist. No. 230
= =	- N	Village or City mea Rollsmill	NoSt.,Waldesh occurred in a hospital or institution, give its NAME instead of street and number)
	11	a 7	ds. How long in U.S. if of foreign birth? 46 yrsmos
Every	ement	2. FULL NAME Emily Land Wa	U
. =	state	(a) Residence: No. Bellantel. Med.	St., Ward.
ORD	- 1	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
Si T	Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARNIED, WIDOWED,	21. DATE OF DEATH)
E		hemal white Un'Class	(Month) (Day) (Yaar)
E E	classified	5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased fro
A A	assa	(or) WIFE of Euclid Hear	22. I HEREBY CERTIFY. That I attended deceased from 1933
d 53 63		6. DATE OF BIRTH (month, day, and year) 91101117. 18.51	I last saw bla alive on hely G 1935; death is sa
PI I	rly	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, It 6 3 0 14 m.
IS A	properly certificate	84 21 30 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
7.0	be pr	8. Trade, profession, or particular kind of work done, as SPINNE CARRELE SAWYER, BOOKKEEPER, etc.	0.0
	N N	kind of work done, as SPINNE for SAWYER, BOOKKEEPER, etc. for SAWYER, etc. for	Jufundus y age 441431
KKshould	may	work was done, as SILK MILL, a lumb	
0 4	# #	10. Date deceased last worked at this occupation (month and year) spent in this occupation.	
CEE		year) occupation O.O	Other Contributory Causes of importance:
MI .	erms, so tha instructions	12. BIRTHPLACE (city or town) Cupture (State or country)	articoselleurs year
UNFA supplied	nstr	13. NAME - GARA	
didne	-	14. BIRTHPLACE (city or town) England (State or country)	Name of operation Date of
HA	See See	(Stale or country)	What test confirmed diagnosis? Was there an aulops
Y, WIT	in p	15. MAIDEN NAME 16. BIRTHPLACE (city or town) 15. MAIDEN NAME LIPERIUM 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill In also the following:
	H i	5 16. BIRTHPLACE (city or town) England	Accident, suicide, or homicide?
be o	AT n po	X (State or country)	Where did injury occur? (Specify city or town, county and State)
L'AT	OF DEATH in press important.	17. INFORMANT (Address) Boltzagelle (Mid)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA		18, BURIAL, CREMATION, OR REMOVAL	Manner of injury
ITTE on s	SE SE	Place Daltsylle Med Date July 1410.35	Natura of injury
-WRITE	CAUSE TION is	19. UNDERTAKER When I Stright	24. Was disease or Injury in any way related to occupation of deceased?
	T	(Address) mash & C	If so, specify
B	7	20. FILED FILET 11- 19 3 5 Stand Amitte	(Signed)
: Z	1	Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	- Andrews	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of anset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NIG 5 1939	July 5,1927	Peritonitis	3 days ago
RITEAU V. S.			
Other contributory causes of importance:	energy (Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. RGIN RESERVED mation should be carefully supplied.

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07888
1. PLACE OF DEATH	93-2
County / succe flex	Registration Dist. No. 29
Village of City	No. St., Ward
Length of residence in city rown where glath occurred Solyrs	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME Wilbur a. Mc	Clellan
(a) Residence: No. 4 7 Q. Quilly	A. Wide
// Commission of the control of the	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH
3. SEX 4. COLOR OD RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Ments Me Clellan	22. HEREBY CERTIFY That Lettended decessed from
6. DATE OF BIRTH (month, day, and wall day 23 - 1865	Hast saw h in alive on Out 3 1935 : death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
10 2/ — 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:
8 Trade profession or particular	le or or any thronbosis 12/1930
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	myreadial defeneration 1928
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation or with and	
10. Date deceased last worked at this occupation much and year)	
year) occupation occupation	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
E	Name of assertion
[X 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Was there an autopsy? Date
15. MAIDEN NAME Heuritte, Daldwar	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Heurette Dadurer 16. BIRTHPLACE (city or lown) (State or secondary)	Accident, suicide, or homicide? Date of injury
S (State or county)	Where dld injury occur? (Specify city or town, county and State)
17. INFORMANT / Aufa / Ce Claufaur	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18/Byrial, CREMATION, OR REMOVAL	Manner of injury
Jores the Carelery Date felly 21 7,1035	Nature of injury
19 MOERTAKER 1894 To Khingh	24. Was disease or injury in any way related to occupation of deceased?
(Address)	41 so, specify with S. M. Corney mile
20. FILED dly 24 , 1935 m Diasheard	(Address) January M.O.
Registrat.	" (10/1000)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Dete of onset
Arteriosclerosis	1915	Mack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1922	Personitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gueroenteritis	1 year
	1		

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u>(30)</u>
County Sunce George	Registration Dist. No. 242
Village or City Comto Heat	each Pleasant St., Ward
(III	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Christian I Mg	ullon
(a) Residence: No. 2nd Y H. Seaf Mes (Usual place of abode)	Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
M. White manuel	(Mgnth) (Oay) (Year)
a. If married, widowed or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Mabel B. Moutton	July 1 193 x to Well 4 19. 20 1
5. DATE OF BIRTH (month, day, and year) Mene 9, 1890	Plast saw harring alive on July 14 V 1986 death is said
A.AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3. P.,m.
45 0 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:
Trade, profession, or particular	Candre-Vasculus Revel Oate of onset
kind of work dona, as SPINNER, Clechican	Deservel-
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc. 11. Total time (years)	
this occupation (month and year) yaar) occupation	
11100	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Curdine failane -
13. NAME Flanius march	
(State or country)	Name of operation Data of
15. MAIDEN NAME Many & Charging	What test confirmed diagnosis?
1110	Accident, suicide, or homicide? Oata of Injury, 19
2 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
2000 B D. OA	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) 2 nd T A Loan Real	Specify whether injury occurred in Proposition, in Nome, or in Poblic Fence.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wash Date July 1, 1926	Nature of injury
1.111 8 2-1 1	24. Was diseasa or injury In any way related to occupation of deceased? 20
19. UNDERTAKER (Address) 8/6 - H - 71 E	If so, specify
andely H' 35 Hand AD THE	(Signed) See. I. Eppard M.D.
20. FILED TO TO PLEASE Registrar.	(Address) (as 1 Minn are. U.E.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Wash D

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Example I	l de	Example II	
The principal cause of death and related causes of importance were as follows: E V E	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BURFAU V.S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance:	1 year

N. B.—WRIT

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1
Jo 1	plnc	220	1
item	sho	Jo	1
very	ANS	nent	
O. E	SICI	aten	
ORI	HYS	t st	
REC	4	Exac	
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PLA	ould	F D	TION is very important. See instructions on back of certificate.
TE	n sh	SE 0	is
WRI	atio	AUS	ION
1	E	0	I

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	946
County from yeorgi	Registration Dist. No. 2 H 2
Village or City pairmant files	No. St, Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Salaman Pearock	
(a) Residence: No. 5912 - Youra and	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	July 16
5a. If marriad, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of Or WER PROCES	1 HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month)	last saw h alive on July 160, 1935; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stand above, 1 7:45 2m.
69 umbenown 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance wera asylollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER PROMOTERS PROPERTY AND A CAPTURE PROPERT	Coronary Throm Date of onset
SAWIER, DUNNEEPER, SIG.	bosis) 1/1/34
work was done, as SILK MILL	about
SAW MILL, BANK, atc	
year) occupation	Dthec Coutributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	Myorad deconfense
	hon an more 1/1/35
Ĭ.	- COLONIA
14. BIRTHPLACE (city or town) (State or country)	What tast confirmed diagnosis? Physics P Was there an autopsy W
15. MAIDEN NAME MARKETT	23. If daath was due to axtarnal causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME MANNE 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT TAME Sufficient (Address) pairmant the Market	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place of Oa Mary and Mate party [19]	Nature of Injury
19. UNDERTAKER ASMISSION AND ASSESSED A	24. Was disaasa or Injury in any way ralated to occupation of deceasad?
20. FILED Quels 14 1995 Dolar & Weas V	(Signed Theodore Finckeney D.
Registrar. If more blanks are needed address State Positions	(Address) 8/2-44 St VI.T.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesalc merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	47 - 20 d	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial news to be	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Other contributory chases of introttante.		other contitutions causes of importance.	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07891
1. PLACE OF MEATH	82-01)
County Arme George	Registration Dist. No. 223
Village or City Takoma Wark	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME MARY J. ROSS (a) Residence: No. him lave t cherry (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) 3 0, (Day) , 193 5 (Year)
5a. If married, widowes, r divorced	22. I HEREBY CERTIFY, That I attended deceased from
1000	Suly 15 1925, 10 July 30, 19 23
6. DATE OF BIRTH (month, day, and year) 1877	I last saw h R. alive on J., 1937; death Is sal
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, a 1126 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular kind of work done, as SPINNER.	Cerebral Herarchage Bate of ongo
	J
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Oate deceased last worked at this occupation (month and spent in this occupation occupation occupation occupation occupation occupation occupation	3
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	and one
	-
13. NAME ON BUCK 14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country) / Makeyown	Where did injury occur?
17. INFORMANT Colell Stubert	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Wash Dete July 30, 1935	Nature of injury
19. UNDERTAKER 14 32 your Star n.w. he.c.	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED Jeely 30, 9/35 ST. & Registrar.	(Address) 1/2 Carroll St. Jathon (R. D. S.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nephritis. Cerebral hemorrhage	1915 1921 1921 July 5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy Run over by street car Peritonitis	Date of onset 1 week ago 1 week ago 3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PRISICIAN
П	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	832
1. PLACE OF DEATH	93-6	
County Prince Teorge	Registration Dist. No. 24	5
Village or Che Ky outto ori le Mid.	No. Mother ones tast dorsteed death occurred in a hospital or institution, give its NAME instead of street and) Ward
Length of residence in city or town where death occurredmos.	ds. How long in U.S. of foreign birth?yrsm	os ds.
2. FULL NAME amail - Colina, Si	aunders!	
(a) Residence: No. 3723 - 316 - 87	Dist. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Date)	, 193
5a. If married, widowed, or divorced	(MONTH) (Day)	(Year)
(or) Wife Christian M. Saunder	22. I HEREBY CERTIFY, That I ettended	deceased from
6. DATE OF BIRTH (month, day, and yeer) Lely 12. 1859	Harrsawh en alive on July 29 1935	; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
/7 1 day, hrs. or min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
NOT Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Tradustry or business in which was done as SILK MUZZ	generally alters schooses	?
This is the state of the state	of apoplexy,	7/29/31
SAW MILL, BANK, etc	in .	
year)	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Washinston	* I I I I I I I I I I I I I I I I I I I	
(State or country) & C.	Chr. my o carache.	
13. NAME Lowis Blackestone		
13. NAME Journ & lackestone 14. BIRTHPLACE (city or town) & J. Mary & Co	Name of operation Date of	
(State or country) Md	What test confirmed diagnosis? Was there en	autopsy?
15. MAIDEN NAME aroline Da Shields	23. If death was due to external causes (VIOL ENCE) fill in also the following	g:
16. BIRTHPLACE (city er town) UKComico	Accident, sulcide, or homicide? Dete of Injury	, 19
State or country)	Where did Injury occur?	
17. INFORMANT Cithel Johnson (Address) 3723 (1-364 of the	(Specify city or town, county and Sta Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Washington Departe 7/29, 1935	Neture of injury	
19. UNDERTAKER John Pr. Wright	24. Was disease or injury in any way related to occupation of deceased?	
(Address 1337-10 d 3+0 200)	If so, specify	
20. FILEDALLA 29, 19 35 Mms. Jas. Dever	(Signed) (Address) Reduced the	M. D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis IDFCE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Market V. A.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH bluods Village or City PHYSICIANS Length of rasidance in city or town where death occurred. statement (a) Residence: No. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS 4. GOLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) dunale BINDING 5a. If married, widowed, or divorced HUSBAND of 22. (or) WIFE of certificate 6. DATE OF BIRTH (month, day, and year) properly 7. AGE Yaars Months Days If LESS than 1 day, hrs. or____min. 8. Trade, profession, or perticular kind of work done, as SPINNER. OCCUPATION RESERVED JO SAWYER, BDDKKEEPER, etc may back 9, Industry or business in which plnous work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at 11. Total time (years) this occupation (month end spent in this that occupetion instructions 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town) = (State or country) p MOTHER 15. MAIDEN NAME important in DEATH 16. BIRTHPLACE (city or town) (State or country) pluods 17. INFORMANT (Address) 18. BURIAL CREMATION, OR -WRITE mation _Date NOIL 19. UNDERTAKER Registrar. Local

Registration Dist. No. 240 (If death occurred in a hospital or institution / give its NAME instead of street and number) How long in U.S. If of foreign birth? vrs. mos If U.S. Veteran specify WAR..... Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) HEREBY CERTIFY That I attended deceased from to have occurred on the dete statad above, at _____m The PRINCIPAL CAUSE OF DEATH and releted causes of Importance Data of onsat Name of operation. What tast confirmed diagnosis?_ ----- Was there an autopsy?____ 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______19. Where did Injury occur?__ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE Manner of Injury Nature of injury 24. Was disease or injury in eny way related to occupation of deceesed? If so, specify

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	1	Example II	
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephr		1921	Run over by street car	1 week ago
Cerebral hemorrhage	VAR 6 1839	July 5,1927	Peritonitis	3 days ago
	SUREAU V. S.			
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

of infor-	uld state	CCUPA-	,
item	sho	of C	1
RD. Every	YSICIANS	statement	1
RECO	. PH	Exact	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS A PER	stated E	properly e	TION is very important. See instructions on back of certificate.
HIS	pe	pe	Jo
W.T.	should	it may	n back
NG IN	AGE	that	ions or
UNFADI	pplied.	terms, so	instructi
TTH 1	ully su	plain	t. See
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-WRITE PLA

V. S. No. 1 N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07894
1. PLACE OF DEATH	75)
County PRINCE GEORGES.	Registration Dist. No. 239
Village or City LAUREL MARYLAND	No. LAUREL SANITARIUM St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) Qds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME FRANK JOSEPH SCHELL,	
(a) Residence: No. 925 Norwood St. Harrisbur (Usual place of abode)	g Shonna. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Male a 4. COLOR OR RACE White • S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married •	21. DATE OF DEATH July 4 1935 (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Mrs Catherine Schella	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, and year) Jan 1 1892	i last saw h; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4 • 10 An.M.
43 6 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Bakery worked, SAWYER, BOOKKEEPER, atc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and this procupation (month and th	Acute Alcoholism, apparently dead on arrival, adrenalin injected,
J. Industry or business in which operates a bakery at	and artificial respiration used.
work was done, as SILK MILL, Operates a bakery at SAW MILL, BANK, etc	Pronounced dead at 4.30 a.m.
10. Date deceased last worked at this occupation (month and July 1 spent in this 20 year)	
12. BIRTHPLACE (city or town) Harrisburg, Pennae (State or country)	Other Contributary Causes of importance: Extraction of teeth July 1 1935.
3 13. NAME Edward McMillan Schell.	
13. NAME Edward McMillan Schell. 14. Birthplace (city or town) U.S. (don't know state)	Name of operation
(State or country)	What test confirmed diagnosis? Clinical historyele an autopsy?
15. MAIOEN NAME DO not know.	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIOEN NAME DO not know. 16. BIRTHPLACE (city or town).	Accident, suicide, or homicide?
(State of Country)	Whera did Injury occur? XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
17. INFORMANT Son of patient.	Spacify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CONTION OF REMOVA	Manner of injury
Place Place 100, 19 3	Nature of injury
19. UNDERTAKED Tous Tous Tracker	24. Was disease or Injury in any way related to occupation of decaased?
(Address)	if so, spacify NO XXXXXXXXXXX
20. FILEO July 4 , 1935 M. Brashears	(Signed) Jely C Imen. M. D. (Address) Same M. d.
Registrar _s ,	(Wedless) A Save And I had

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier module conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		· Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis.	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Pa. 1021	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis ,	3 days ago
- 10			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

REPRISSION IS									of	the
deceased, Mr	Frank .	Joseph	Schell	as is	shown	on this	certif:	cate.		
			V.	2001	Vau	tes				

July 4 1935.

Coronor.

See instructions

CAUSE

V. S. No. 1

B.

ż

FATHER

MOTHER

12. BIRTHPLACE (city or town (State or country)

15. MAIOEN NAME

14. BIRTHPLACE (city or town).

16. BIRTHPLACE (city or town (State or country)

CREMATION, OR REMOVAL

(State or country)

13. NAME

17. INFORMANT

19. UNOERTAKER

(Address

(Address)

ate A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07895
n of infe ould sta OCCUP.	1. PLACE OF DEATH County Grant Seas	Registration Dist. No. 239
s sh	Length of residence in city or town where death occurred 2 yrs. mos	NoSt., Ward death occurred in a horpital or justitution, give its NAME instead of street and number)
PHYSICIANS act statement	(a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	St., Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
NT KE LY. J	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Name of the word)	21. DATE OF DEATH 7 2 8 , 193 5 . (Yeer)
S IS A PERMANES stated EXACT properly classified certificate.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Orothy Dodd,	22. I HEREBY CERTIFY, That I altended deceased from 7/2 8, 1935, to 7/2 8, 1935. I last saw have after on 7/2 6, 1935 death is said
	7. AGE Years Months Oeys If LESS than I day,hrs. or	to have occurred on the date stated above, at 230am. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Data of onset
INK—THIS should be it may be on back of	9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Data deceased last worked at this occupation (month and	1/28/s

occupation 6 mo Name of operation What test confirmed diagnosis? Was thara an au'opsy? 216 Accident, suicida, or homicide? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE, Manner of injury Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Address) ...

Lucal Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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al cause of death and related causes ce were as follows: 1 week ag treet car 1 week ag 3 days ag
treet car 1 week ag
2 wood ag
3 days ag
butory causes of importance:
1 year

ADDITIONAL SPACE FO	R FURTHER STATEMENTS BY PHYSICIAN
Letter - filed in	der Brasheard, 9-25-35.
U	

	County(Village or	City 2	entro	0	nd.	No. Charon IV anifarment
	Length of re	sidence in city or	town where dea	th occurred		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2	2. FULL NA	ME /	ate	Haher	Sor	thewood.
	(a) Reside	nce: No///	1- Wish	(Usual place	of abode)	St., Ward. Music, If nonresident give city or fown and State
	PERSO	NAL AND	STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX	4. COLOR OI	R RACE S		RIED, WIDOWED, (write the word)	21. DATE OF DEATH
5a.	If married, wido	wed, or divorced		This	down	(Mophi) (Day) (Yea
	HUSBAND of (or) WIFE of	1	in de	thy In	ottswood	22. HEREBY CERTIFY. That I attended deceased
			· n	1		1935, to July 9 , 192
1	DATE OF BIRTH	(month, day, and		we 17.	- 1854	A last saw half alive on wiley of 1955; death is
1.	AGE IS	315	Months	Days 22	If LESS than 1 day,hrs.	to have occurred on the date stated above, at
_	8 Trade prof	ession, or particu	lar	0000	ormin.	were as follows:
NOI	kind of	work done, as S R, BOOKKEEPER,	PINNER.			
PAT	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc					Unouse Myocardites 3
3	SAW M	LL, BANK, etc				
ŏ	this occ	sed last worked upation (month a	at nd		me (years) tin this pation	
			71000	19		Other Contributory Causes of importance:
12.	(State or co		e way			0,0,0
2	13. NAME	Thomas	The state of	wake	Nano.) conting
FATHER	14 PIPTUPI AC	E (city or town)	mo	Mark	- Commen	Name of operation Date of
FA		r country)			- Lang	What test confirmed diagnosis? Was there an autopsy?
ER	15. MAIDEN N	AME The	avia?	Sela	ske s	23. If death was due to external causes (VIOLENCE) fill in also the following:
OTHER	16. BIRTHPLAC	F (eity or town)		11	11	Accident, sulcide, or homicide?
Σ		r country)	111	wiful	UU	Where did injury occur?
17	INFORMANT	Triss	Tuil	260	.//	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.
11.	(Address)	111-21	rester	St. Ze	est,	
18.	BURIAL, CREMA	TION, OF REMO	4	7/	1 =	Manner of injury
-	Place_/_/	earl,	2,03	Dale Dale	19.3	Nature of injury
19.	UNDERTAKED (Address)	20 -	Le y	Sug	2	24. Was disease or injury in any way related to occupation of deceased? The lift so, specify
		0.	31-16	6.11	. Ha-a	(Signed) Sichard D. Hitade and
1	FILEO P	4				(Sikiled) / Jacobson / Later Carlot

STATE OF MARYLAND—CERTIFICATE OF DEATH 07896

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9.—The industry or business in which the work was done.

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Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ogo
July 1,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance: Gostroenteritis	1 year
	1921 July4,1927	1921 Run over by street car July 1,1927 Peritonitis Other contributory causes of importance:

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH .	93-2
County Prince Georg	Registration Dist. No. 235
Village or City Oxon Hill	NoSt., Ward
	osds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Muss. Frances 6 Lay	lov
(a) Residence: No. Oron Helf: Med. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed.	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That, I attended deceased from
James H aylor	may 3, 1920 to July 9, 193 8
6. DATE OF BIRTH (month, day, and year) april \$5.1862	I last saw her alive on only 9, 1935; death is sai
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 4.43 Pm.
13 2 14 1 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc	
9. Industry or business in which	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	Mysearditis 1930
O 10. Date deceased last worked at this occupation (month and yaar)	
Rack +	Other Coutributory Causes of Importance;
12. BIRTHPLACE (city or town)	
13. NAME James Bridd	
T TOOL	Name of countries (M. CAS)
14. BIRTHPLACE((city or town) State or country)	Name of operation
15. MAIDEN NAME Androws	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury
E (Stata or country)	Whera did injury occur?
17. INFORMANT Grace B. Cohen (Address) Oxan Hill	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Wash. No Date feel, 9, 1935	Nature of injury
19. UNDERTAKER W. W. Ald.	24. Was disease or injury in any way related to occupation of daceased?
1	Maria David David
20. FILED July 9 , 1935 L. O. Minear Registrar.	(Signed) 32 20 - Com Que. N. W.

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Example I	- Andrews	Example II	
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial rephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
HUREAU			
Other contributory catigos of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I		Example II	- 1
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	J. 1927	Peritonitis	.3 days ago
	- F		
Other contributory causes of importance:	THE .	Other contributory causes of importance:	
Gallstones	May 12923	Gastroenteritis	1 year
	-		
			1

10/0	Exac	County Prince Georges County	STATE OF MARYLAND CERTIFICATE OF DEATH
) 6	\d.		Registration Dist. No. 2 112
OKD.	assiff.	Village or City Farmont Aglits (Nolvhiles aug 4/2	a hospital or institu
XEC.	rly ci	2FULL NAME William Tre	stend of street an number.)
	cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Z	ay be pr back of	Male Colored Stingle, Married, Willowed Colored (Write the word)	16 DATE OF DEATH 9 , 1935 (Month) (Day) (Year)
ER	on b	6 OATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
AP		Dec 25, 1853	that I last saw h imalive on of uly 8 193
S	Stip	(Month) (Day) (Year) 7 AGE	and that death occured on the date stated above, at \$300
2	rms so that Instructions	71 6 14 I dayhrs.	The CAUSE OF DEATH * was as follows:
	-00	B OCCUPATION	Arlenoselesosio
X-	0 - 0	(a) I rade, profession or particular kind of work merchant (retired)	
	pla ant.	(b) General nature of industry Dusiness, or establishment in	(Durstion) yrs 3 mos
NIC	OIC	Which employed or (employer)	Contributory afro pleyy
FAL		(State or country) King Geld Luceu Country Va	(Suration) yrs. mos.
	OF DE s very	10 NAME OF Showas Tresh	(Signed) 1 (Address) 1127-48 Place No.
WIT	USE	OF FATHER (State or country) King Red Duceenlo Vo	PState the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
CX,	e CA	of Mother Martha Holmes	18 LENGTH OF RESIDENCE (For Lospitals, Institutions, Transients or Recent Residents)
Z	stat	13 BIRTHPLACE OF MOTHER (State or country) Kura Pul Juleus Co Va	At place 72 of death 2 yrs
	of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
ITE	s shou	(Informant) Calherene Imes.	Former or usual residence.
	CIANS Statem	(Address) 1215 - Clark ave NE-	Workington W. G. July 13. 12.
	S.—EV	15 Filedfuly 12' 1985 Grace Down	20 UNDERTAKER / AOBRESS
	1	16 mare hanks are needed, addross State Revistrate	16 W. Saratoga St., Balto., Requesting V. S. No. 1

MARGIN RESERVED FOR BINDING

f. S. No. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

f these of various pursuits can be known. The quescupation is very important, so that the relative health should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oe-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer. definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day taborer Farm laborer, Laborer—Coal mine, etc. Wom-Never return 'Laborer,""Foreman,""Manager,""Dealworked on may form part of the second statement nature of the business or industry, and therefore an Physician, business, that fact may be indicated thus; Farmer (p-tired 6 yrs). For persons who have no occupation state occupation at beginning cfillness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, to report whatever, write None. or given up on account of the DISEASE CAUSING DEATH For many occupations a single word or term on specifically the occupations of persons en-Compositor, Architect, who are engaged in the duties of the Stationary fireman, etc. Locomotive engineer, But in many

spinal menin-itis"); Diphtheria (avoid use of "Croup");
Typhoid feor (never report "Typhoid Pneumoria"); ed term for the same disease. E. amples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro-Statement of Cause of Death-Name, first, the to time and eausation), using always the same accept-EASE CAUSING DEATH (the primary affection with r pneumanii. Bronchopneumonia ("Pneumonia, espect

> inges, peritonaeum, etc., Carcinoma, Sarcoma, "(Exhaustion, " "Heart lauure, lauure, "Shock," "Inanition, " "Marasmus, " "Old Age, " "Shock," "Uraemia, " "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from ehildbirth or misearriage as "PJERPERAL septicaemiu," "PJERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcan be ascertained as the eause. Always qualify all Chronic interstitial nephritis, as fracture of skill, and consequences (e.g., sersis, ranus) may be stated under the head of "contributory" carbolic acid-prob-bly suicide. The nature of the injury. accident; Revolver would of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause Examples: Accidental drowning; Struck by railway trainer pproved by Camalittee on Nomenclature of (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of merican Medical association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopmeumonia (secondary), cough; or intereurrent) affection need not be for which surgical operation was underfor malignant neoplasms); Chronic Example: Measles (disease etc. valeular heart disease; The contributory Measles ; etc., of

uta is essent al and must be obtained before the certificate is If this certificate is a cited over thoroughly and a l qu'ions avered in detail, it will prevent further correspondence. A ermanently filed.

3

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example	I	1	Example II	
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	0	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis Al	G 6 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage		July 5,1927	Peritonitis	3 days ago
BUR	EAU V. S			
Other contributory causes of impe	ortance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year